



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "D"

APPLICANTS: Hetzer et al. CONFIRMATION NO. 6272
SERIAL NO.: 09/911,811 GROUP ART UNIT: 2853
FILED: July 24, 2001 EXAMINER: Leonard S. Liang
TITLE: "ARRANGEMENT AND METHOD FOR DATA FOLLOW-UP
FOR WARM-UP CYCLES OF INK JET PRINTHEADS"

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

In response to the Office Action dated September 1, 2005, Applicants herewith amend the application as follows.

TELEPHONE (312) 258-5500



TEN 2853

SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 2853

IN RE APPLICATION OF: Hetzer et al.

SERIAL NO.: 09/911,811

EXAMINER: L. Liang

FILED: July 24, 2001

CONFIRMATION NO.: 6272

TITLE: "ARRANGEMENT AND METHOD FOR DATA FOLLOW UP FOR WARM-UP CYCLES OF INK JET PRINTHEADS"

AMENDMENT "D"

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	24	MINUS	24	X 1	() X 9.00 (X) X 18.00	\$
INDEP. CLAIMS	*1	MINUS	3	X	() X 42.00 () X 84.00	
Application amended to contain any multiple dependent claims not previously paid for.			() YES () NO		() \$140.00 () \$280.00 ONE TIME	
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$00.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.
- Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$_____.
- A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

BY *Steven H. Noll* (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on November 28, 2005

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

November 28, 2005

DATE